



07-26-06

PTO/SB/22 (12-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

JJJ-P01-570

Application Number

09/423943

Filed

March 8, 2000

For METHODS FOR EVALUATING TISSUE MORPHOGENESIS AND ACTIVITY

Art Unit 1647

Examiner

Daniel Gamett

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ See below
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

Applicant already paid one month fee in the amount of \$120.00. Therefore, the resulting fee for this three month extension is \$1020.00 - \$120.00 = \$900.00

Applicant claims small entity status. See 37 CFR 1.27. 07/26/2006 CHEM1 00000006 181945 09423943

A check in the amount of the fee is enclosed. 01 FD:1233 900.00 DA

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

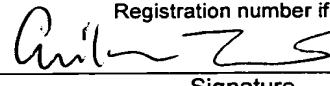
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 55,661

attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34


Signature

July 24, 2006

Date

Erika Takeuchi

(212) 596-9947

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 669634945 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 24, 2006

Signature: 

(Linda Blake)